



Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

KANSAS CORPORATION COMMISSION 1242434
OIL & GAS CONSERVATION DIVISION

Form CP-4
March 2009

Type or Print on this Form
Form must be Signed
All blanks must be Filled

WELL PLUGGING RECORD
K.A.R. 82-3-117

OPERATOR: License #: _____
 Name: _____
 Address 1: _____
 Address 2: _____
 City: _____ State: _____ Zip: _____ + _____
 Contact Person: _____
 Phone: (_____) _____
 Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic
 Water Supply Well Other: _____ SWD Permit #: _____
 ENHR Permit #: _____ Gas Storage Permit #: _____
 Is ACO-1 filed? Yes No If not, is well log attached? Yes No
 Producing Formation(s): List All (If needed attach another sheet)
 _____ Depth to Top: _____ Bottom: _____ T.D. _____
 _____ Depth to Top: _____ Bottom: _____ T.D. _____
 _____ Depth to Top: _____ Bottom: _____ T.D. _____

API No. 15 - _____
 Spot Description: _____
 _____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West
 _____ Feet from North / South Line of Section
 _____ Feet from East / West Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: _____
 Lease Name: _____ Well #: _____
 Date Well Completed: _____
 The plugging proposal was approved on: _____ (Date)
 by: _____ (KCC District Agent's Name)
 Plugging Commenced: _____
 Plugging Completed: _____

Show depth and thickness of all water, oil and gas formations.

Oil, Gas or Water Records		Casing Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size	Setting Depth	Pulled Out

Describe in detail the manner in which the well is plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set.

Plugging Contractor License #: _____ Name: _____
 Address 1: _____ Address 2: _____
 City: _____ State: _____ Zip: _____ + _____
 Phone: (_____) _____
 Name of Party Responsible for Plugging Fees: _____
 State of _____ County, _____, ss.
 _____ Employee of Operator or Operator on above-described well,
 (Print Name)

being first duly sworn on oath, says: That I have knowledge of the facts statements, and matters herein contained, and the log of the above-described well is as filed, and the same are true and correct, so help me God.

Submitted Electronically

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202



CONSOLIDATED
Oil Well Services, LLC

272307

TICKET NUMBER 50586
LOCATION Ottawa
FOREMAN Alan Mader

10/6/09

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-31-14	4448	Hollinger KR-30	SW 31	16	22	Mi
CUSTOMER Kansas Resources E&D			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS 9393 W 110th			730 Alan Mader Safety Meet			
CITY STATE ZIP CODE Overland Park KS 66210			368 Arl Mader			
			369 Mike Hagg			
			503 Tom Har			

JOB TYPE plug HOLE SIZE 3 7/8 HOLE DEPTH 701 CASING SIZE & WEIGHT _____
CASING DEPTH _____ DRILL PIPE _____ TUBING 1" 700' OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI 1000 RATE 1 bpm

REMARKS: Held meeting. Washed 1" to hole T.D. Mixed & pumped 15 sk 50/50 cement plus 290 gal 1/2# Pheno-seal per sack to fill 70' of hole. Pulled 1" to 350'. Filled well to surface. Pulled 1" out & topped off well.

15 TD
41 350'

Waylon Utah

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405W	1	PUMP CHARGE	368	1085.00
5406	5	MILEAGE from Travis	368	21.00
5407	1/2 min	ten miles	503	184.00
5502C	1 1/2	80 vac	369	150.00
1124	56	50/50 cement	644.00	
1118B	94#	gel	21.00	
1107A	28#	Phenoseal	37.80	
		material sub	702.80	
		less 30%	210.84	
		material total		491.96
			2196.22	
		SALES TAX		37.64
		ESTIMATED TOTAL		1969.60

RAVIN 3737
No company opp
Jim Okal

AUTHORIZATION _____ TITLE _____ DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.